

Certified Application Counselor Tips

MTF - July 2014

Agenda

- CACs and CAC Organizations
- Summary of Forms
- Assister Best Practices for Health Care Applications
- CAC Communications
- Using the Learning Management System
- Questions

CACs and CAC Organizations

Certified Application Counselor (CAC)

- CAC organizations are hospitals, community health centers, and other community organizations certified by MassHealth and the Health Connector.
- Functions performed by CAC organizations are similar to those that used to be performed by Virtual Gateway (VG) users: to help guide clients and patients through the health insurance application, eligibility, and enrollment processes.

Steps to Becoming a CAC Organization

- Complete CAC Agreement and other forms.
- Identify Lead CAC Trainer (liaison between CAC org and MassHealth and the Health Connector).
- Identify prospective CACs, appraise them of CAC regulations and agreements.
- Submit staff names for CAC training
- Complete online training in Learning Management System and print CAC Certificate.
- Continue to complete any ongoing training provided by MassHealth and the Health Connector.

Summary of Forms

Summary of Forms

Certain forms need to be used by Certified Application Counselors (CACs) to authorize and enable them to assist clients and members appropriately throughout the process of applying for health insurance.

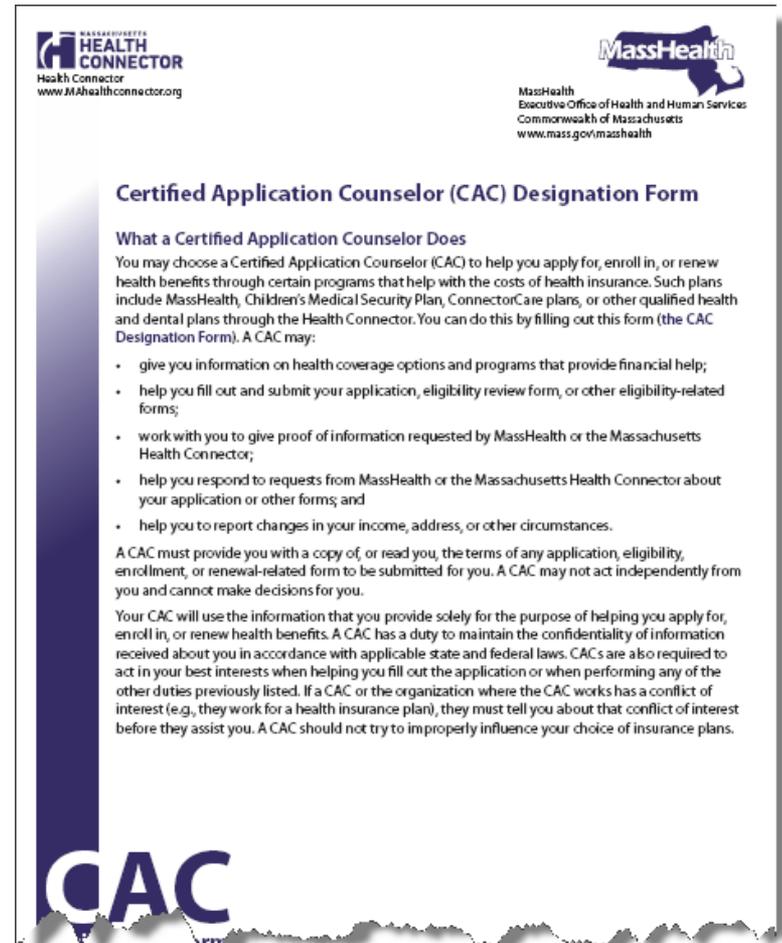
- CAC Designation Form (CDF)
- Permission to Share Information (PSI)
- Authorized Designation Form (ARD)
- [Voter] Declination Form

Please use the guidelines on the following slides as you assist individuals with the application process.

CAC Designation Form

The Certified Application Counselor (CAC) Designation Form (CDF) enables CACs to communicate with MassHealth and Health Connector staff.

- The CDF gives the CAC permission to help with applications, submit documents on the client's behalf, and submit updates to a person's case at the specific direction of the client.



The thumbnail shows the top portion of the CAC Designation Form. It features the Health Connector logo on the left and the MassHealth logo on the right. The title "Certified Application Counselor (CAC) Designation Form" is centered. Below the title, a section titled "What a Certified Application Counselor Does" explains the role of a CAC and lists their responsibilities. The bottom of the thumbnail has a large "CAC" graphic.

HEALTH CONNECTOR
Health Connector
www.MAhealthconnector.org

MassHealth
MassHealth
Executive Office of Health and Human Services
Commonwealth of Massachusetts
www.mass.gov/masshealth

Certified Application Counselor (CAC) Designation Form

What a Certified Application Counselor Does

You may choose a Certified Application Counselor (CAC) to help you apply for, enroll in, or renew health benefits through certain programs that help with the costs of health insurance. Such plans include MassHealth, Children's Medical Security Plan, ConnectorCare plans, or other qualified health and dental plans through the Health Connector. You can do this by filling out this form (the CAC Designation Form). A CAC may:

- give you information on health coverage options and programs that provide financial help;
- help you fill out and submit your application, eligibility review form, or other eligibility-related forms;
- work with you to give proof of information requested by MassHealth or the Massachusetts Health Connector;
- help you respond to requests from MassHealth or the Massachusetts Health Connector about your application or other forms; and
- help you to report changes in your income, address, or other circumstances.

A CAC must provide you with a copy of, or read you, the terms of any application, eligibility, enrollment, or renewal-related form to be submitted for you. A CAC may not act independently from you and cannot make decisions for you.

Your CAC will use the information that you provide solely for the purpose of helping you apply for, enroll in, or renew health benefits. A CAC has a duty to maintain the confidentiality of information received about you in accordance with applicable state and federal laws. CACs are also required to act in your best interests when helping you fill out the application or when performing any of the other duties previously listed. If a CAC or the organization where the CAC works has a conflict of interest (e.g., they work for a health insurance plan), they must tell you about that conflict of interest before they assist you. A CAC should not try to improperly influence your choice of insurance plans.

CAC

continued....

CAC Designation Form

- CACs need to complete a CDF for **each** individual they are assisting. (A CDF is always a one-to-one authorization between the client and a **specific, individual CAC within an organization**).
- The CDF is located in the CAC Learning Management System (under “Resources”).
- A CAC Designation form remains in effect indefinitely unless the client or the CAC terminates the agreement.

Please Note: A CDF does **not** allow the holder to view eligibility notices issued by MassHealth or the Health Connector, but does permit a holder to contact MassHealth to update/modify an aspect of a person’s case **only** at the specific direction of the client.



Permission to Share Information Form

The **Permission to Share Information Form (PSI)** serves as authorization between the client and a particular organization, or between the client and a specific counselor. It allows the holder to view eligibility notices, and to see and hear information about a person's case, with ***no ability to change any information.***

- A PSI can be used in conjunction with a CDF, since a CDF does **not** allow viewing of eligibility notices, but does permit a holder to update an aspect of a person's case **only** at the specific direction of the client.

continued....

MASHEALTH
Permission to Share Information (PSI) Form

► **Use this form** if you want MassHealth to share the information we have about you with another person or organization, such as

- a family member, friend, or other relative;
- someone who helps take care of you;
- someone who helps you fill out MassHealth forms; or
- a social worker, lawyer, or health-care advocacy group.

► **Do not** use this form if you want

- information about yourself;
- information about your children under age 18 (You can usually get this without filling out any forms.); or
- your eligibility and payment information to be shared with your health-care provider. (Your health-care provider can get information about your MassHealth eligibility and payment for services provided to you without you filling out any forms.)

► **Important:** If you decide that you do need to fill out this form, you must fill out all sections completely. Please print clearly.

 Commonwealth of Massachusetts
EOHHS
www.mass.gov/mashealth



Permission to Share Information Form

- This form is optional and can only be completed upon an applicant's request. MassHealth's authority to share information under a PSI form is valid for, (a) the period identified by the individual on the PSI form (see Section 5 of the form); or (b) if the individual does not identify an expiration date, 18 months (unless terminated earlier by the individual).
- The PSI form can be found online at www.mass.gov/MassHealth under "Applications and Member Forms."

Authorized Representative Designation Form

The Authorized Representative Designation (ARD) form, (formerly Eligibility Representative Designation (ERD) form), is used only in specific cases and when requested by an applicant.

The ARD allows CACs to act on behalf of applicants with MassHealth and the Health Connector *in all matters related to their health insurance eligibility.*

- The ARD form is signed by both the CAC and the applicant and, like the PSI, is optional and completed only when requested by an applicant.
- ARDs do not have an expiration date.

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Authorized Representative Designation Form
Commonwealth of Massachusetts | EDHHS

Note that you don't need to fill out this form if you live in an institution and want copies of eligibility notices sent to you, and to your spouse who still lives at home. We will do that automatically.

You can choose someone to help you.

You may choose an authorized representative to help you get health care coverage through programs offered by MassHealth and the Massachusetts Health Connector. You can do this by filling out this form (the Authorized Representative Designation Form) or a sufficiently similar designation document. You can sign for yourself, and for any of your dependent children under the age of 18 for whom you are the custodial parent. You are not required to have a representative in order to apply for or receive benefits.

Who can help me?

1. An authorized representative can be a friend, family member, relative, or other person or organization of your choosing who agrees to help you. It is up to you to choose an authorized representative if you want one. Neither MassHealth nor the Massachusetts Health Connector will choose an authorized representative for you. You must designate in writing using this form (fill out Section I, Part A) the person or organization who you want to be your authorized representative. Your authorized representative must also fill out Section I, Part B.
2. If, because of a mental or physical condition, you cannot designate an authorized representative in writing, a person (not an organization) who is acting responsibly on your behalf can be your authorized representative if that person certifies, by filling out Section II, that you are not able to provide a written designation, and that he or she is acting responsibly on your behalf.
3. An authorized representative can also be someone who has been appointed by law to act on your behalf. This person must fill out Section III and either you or this person must submit to us, together with this form, a copy of the applicable legal document stating that this person is lawfully representing you.
4. A person appointed by law to act on behalf of the estate of an applicant or member who has died can also serve as an authorized representative by following the instructions above. An authorized representative under Section III may be a legal guardian, conservator, holder of power of attorney, or health care proxy, or, if the applicant or member has died, the estate's administrator or executor. What this person is authorized to do for you or for the applicant or member's estate will depend on the wording of the legal appointment.

You must provide the authorized representative's date of birth and an e-mail address, if he or she has one, so that we can prove his or her identity and protect your privacy.

What can an authorized representative do?

An _____

Authorized Representative Designation Form

- The authority of an ARD terminates:
 - (a) in the case of a representative designated by the applicant/member (a so-called ARD 1), or an authorized representative acting on behalf of an applicant or member who is not capable of designating an authorized rep because of mental or physical condition (ARD 2):
 - ✓ upon MassHealth's or the Connector's receipt of written notice of the termination from the applicant/member or the authorized representative; or
 - (b) in the case of a representative authorized to act by law ("ARD 3"), when his or her legal appointment ends.
- The ARD form is located online at www.mass.gov/MassHealth under Applications and Member Forms.

A Voter Declination Form is required every time a CAC assists a *new applicant, or existing member they are helping for the first time, with a new application, renewal, or change of address.*

- The CAC is required to ask the individual if they want to register to vote.
- The CAC must explain that applying for or declining voter registration will not affect their application for health and dental benefits.

continued....



William Francis Galvin
Secretary of the Commonwealth

CONFIDENTIAL - NOT A PUBLIC RECORD
(CONFIDENCIAL - NO REGISTRO PUBLICO)

Declination Form

PART A (PARTE A)
 If you are not registered to vote where you live now and you are eligible to register to vote would you like to apply to register to vote here today? (Si no está registrado para votar donde usted vive actualmente, pero es elegible para registrarse para votar, ¿le gustaría registrarse para votar aquí hoy?)

Yes (Sí)
 No (No)
 Already registered where I live now (Ya estoy registrado donde vivo actualmente)

(If you are registered to vote where you live now and have not changed your address it is **not** necessary to register to vote again.)
 (Si usted está registrado para votar donde vive actualmente y no ha cambiado su dirección, **no** es necesario que se registre nuevamente.)

Please, sign your name here (Por favor firme con su nombre aquí): _____
 Date (Fecha): _____

If you do not check any box, you will be considered to have decided not to register to vote at this time. (Si no marca ninguna casilla, se supondrá que ha decidido no registrarse para votar en este momento.)

OPTIONAL
AGENCY RECORD

PART B: Use is optional

Registered to vote
 Did not register to vote
 Already registered where I live now

For agency use only:
 Agency staff signature: _____ Date: _____

Tear along this perforated line and give to applicant.

OPTIONAL
AGENCY RECORD

PART C / APPLICANT COPY: Please keep this for your personal records. (PARTE C / COPIA PARA EL SOLICITANTE: Por favor, guarde esto para su archivo personal.)

- Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. (Solicitar registrarse o rechazar registrarse para votar no afectará la cantidad de asistencia que esta agencia le proveerá.)
- If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Si desea recibir ayuda para llenar la solicitud de registro de votante, con gusto le ayudaremos. La decisión de buscar o

Voter Declination Form

- The CAC **must** fill out the Declination form **regardless of whether the person wants to sign up to vote or not.**
- An applicant may decline voter registration because they are registered somewhere else, or they may simply not wish to register.
- CACs **must** not coerce anyone to register or attempt to influence voting choices in any way.
- The Declination form is retained by the CAC organization for 22 months. A copy of the voter Declination form can be found in the CAC Learning Management System (under Resources).

Summary of Forms

In order to improve the customer service experience, we have developed processes to more quickly identify what forms are on file (CDF, PSI, ARD, and the Navigator Designation Form) as well as the caller's exact status.

Assister Best Practices

Assister Best Practices: Do's and Don'ts When Assisting

- MassHealth and the Health Connector wish to remind all Assisters-- Certified Application Counselors (CACs) and Navigators (NAVs)--to remember the following “Do's and Don'ts” when assisting applicants.
- Adhering to these recommendations will help minimize delays in processing applications and supporting documents.

Do's and Don'ts When Assisting with the Application

#1: DO inform applicants to always provide accurate information.

Always inform applicants about the importance of providing correct information on the application as information is matched against state and federal data bases.

#2: DO include only current information.

Make sure that all information on the application is current. (e.g., pay stubs, employer information)

#3: DO ensure all names on the application match what is on record.

Make sure that each applicant's name is identical to how it is shown on their Social Security card or as it appears on MassHealth's systems (where possible).

Do's and Don'ts When Assisting with the Application

#4: DO ensure that the writing on the application is clear and concise.

- This reduces delays that occur due to illegible information.

#5: DO read and follow the Missing Critical Data (MCD) job aid.

- While all questions on the Application for Health Coverage and Help Paying Costs (ACA-2) should be answered, the MCD job aid provides details for application questions that are identified as 'critical data.' These questions have to be answered in order for the application to be processed.

Paper Application for Health Coverage and Help Paying Costs (ACA-2)
Missing Critical Data (MCD)

While all questions on the Application for Health Coverage and Help Paying Costs (ACA-2) should be answered, the application questions listed below have been identified as critical data. These questions have to be answered in order for the application to be processed.

Fields that are left blank and identified as Missing Critical Data (MCD) will result in a request for more information and may delay eligibility determination. The question numbers are pertinent to paper applications only.

Part 1 – Tell Us about You

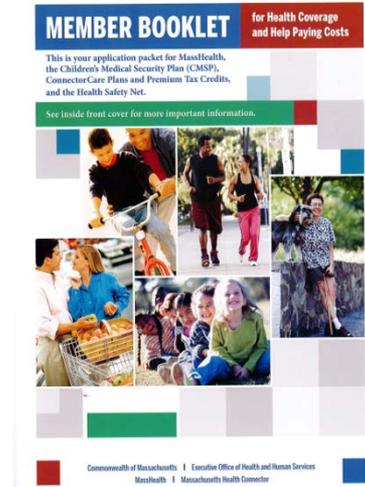
Question Number	Question
1	First Name Middle Initial Last Name
2	Home Street Address Apt. # City State Zip Code
7	Date of Birth
11	Do you have a social security number? If yes, give us the number. <i>If applicant answers "Yes", failure to provide a SSN causes this question to become MCD if they are applying for benefits.</i> <i>Failure to answer any of the questions associated with question 12 below will result in an MCD. This includes failure to provide the Names and Relationships, when applicable.</i>
12.	Will you file a federal tax return next year?
12a.	Will you file jointly with a spouse?
12b.	Will you claim any dependents on your income tax return? If yes, list name(s) of dependents
12c.	Will someone else claim you as a dependent on his or her tax return? If yes, name of filer.
14	Are you applying for health coverage for yourself?
15	Are you living in Massachusetts and planning to stay?
17	Are you in jail or prison?
19	Are you a U.S. citizen, national or naturalized U.S. citizen?
19a.	If no or no response, do you have an eligible immigration status? Yes No No response <i>Question 19a is MCD if the answer to question 19 was "No", no answer was selected in 19a, and no immigration status was provided under the "Immigration Status" block, below.</i> <i>"Immigration Status" field</i> <i>MCD if the answer to question 19a was "Yes", and no immigration status is provided here.</i>
22	Are you applying because of an accident or injury that someone else might be responsible for?

Do's and Don'ts When Assisting with the Application

#6: DO follow these additional tips regarding specific questions on the application.

- **ALWAYS** make sure all questions are answered. Do not write N/A, or cross out sections of the application you think are not applicable. All questions must be answered with a YES or a NO.
- **DO NOT** leave Part 3, Current Job and Income information (Page 10) blank, cross it out, or write N/A.
 - **ALWAYS** answer Question 1 for each household member that is listed in Part 2. Include Job information for each household member unless “Not employed” is checked for Question 1 for that household member.
 - **ALWAYS** complete the employer’s address in Part 3 (if known); it must be provided. Please include the ZIP code (if known).
 - **ALWAYS** provide the Business Name (if applicable) for “Self-employed Income” (8b/15b).

Tip: For 15c, MassHealth is looking for the Net income; take this information from line #31 of Schedule C of tax return, if the applicant has it with them.





Do's and Don'ts When Faxing the Application or Documents

#7: DO use the updated, two-page Health Care Mail/Fax Coversheet:

www.Mass.Gov/MassHealth - Select MassHealth Provider Forms

- **ALWAYS** use the two-page coversheet anytime you send applications, forms, or documentation.
- **ALWAYS** use a new two-page fax coversheet for each household.
- **ALWAYS** read and follow all instructions on the coversheet.

Health Coverage Mail/Fax Cover Sheet
Applicant/Member Information

Please print clearly. Use this cover sheet when the form you are completing is headed "submit online or fax" documents to the Health Connector.

Head of Household Information
Name: _____
Soc. Sec. No.: _____
Date of birth: _____
MassHealth ID No. (if _____)
Applicant/Member: _____

Head of Household Initial: _____ and DOS (MM/DD/YYYY): ____/____/____

Last four digits of Head of Household's Social Security Number: _____ OR
Head of Household Initial: _____ and DOS (MM/DD/YYYY): ____/____/____

Important Message
Do NOT photocopy the cover sheet containing the barcode. For barcodes to work, the sheet with the barcode must be an original, not a copy. Use a separate two-page cover sheet for each household. Do NOT use the same two-page cover sheet to send items for more than one household.

Always mail or fax verifications to the address or fax on the letter requesting the verifications. If you are not sure where to fax or mail documents, contact the MassHealth Customer Services Center at 1-800-841-2900.

Type of Document	Where to Send
All new paper applications for subsidized (assistance with paying) health coverage, including Health Connector (Connector) new plans and those seeking premium tax credits), MassHealth, or BEN coverage	Subsidized applications should be sent to: Health Insurance Processing Center P.O. Box 4905 Taunton, MA 02780 Fax: 617-857-8770
All new paper applications for unsubsidized (no assistance with paying) health insurance through the Health Connector	Unsubsidized applications should be sent to: Massachusetts Health Connector 133 Portland Street, 1st Floor Boston, MA 02114-1707 Fax: 877-623-2155
MassHealth long-term-care applications and Supplement A + Buy-In applications	These applications should be sent to: Central Processing Unit P.O. Box 290794 Charlottesville, MA 02129 Fax: 617-857-8799

This facsimile transmitted message contains information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to whom it is addressed. If you are not the recipient or the employee or the agent responsible for the delivery of this transmission to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Duplication, distribution, or copying of this communication is strictly prohibited.

HC-CS (02/14)

Page 1 of 2





Do's and Don'ts When Faxing the Application or Documents

- **Optional:** To identify an applicant/member on the *first* page of the two-page Health Coverage Mail/Fax Coversheet, record either:
 - The last four digits of the Head of Household's Social Security Number

OR

 - Head of Household initials *and* DOB
- **Download** the new two-page cover sheet:
www.Mass.Gov/MassHealth - Select MassHealth Provider Forms



Health Coverage Mail/Fax Cover Sheet



MassHealth

Health Coverage Mail/Fax Cover Sheet



Last four digits of Head of Household's Social Security Number: _____ OR _____

Head of Household initial: _____ and DOB (MM/DD/YYYY): _____

Important Message Do NOT photocopy the cover sheet containing the barcode. For barcodes to work, the sheet with the barcode must be an original, not a copy. Use a separate two-page cover sheet for each household. Do NOT use the same two-page cover sheet to send items for more than one household.

Always mail or fax verifications to the address or fax on the letter requesting the verifications. If you are not sure where to fax or mail documents, contact the MassHealth Customer Services Center at 1-800-841-2900.

Fax or Mail Information for Health Connector or MassHealth

Type of Document	Where to Send
All new paper applications for subsidized (assistance with paying) health coverage, including Health Connector (ConnectorCare plans and those seeking premium tax credits), MassHealth, or HSN coverage	Subsidized applications should be sent to: Health Insurance Processing Center P.O. Box 4403 Taunton, MA 02780 Fax: 617-887-8770
All new paper applications for unsubsidized (no assistance with paying) health insurance through the Health Connector	Unsubsidized applications should be sent to: Massachusetts Health Connector 133 Portland Street, 1st Floor Boston, MA 02114-1707 Fax: 877-623-2155
MassHealth long-term-care applications and Supplement A + Buy-In applications	These applications should be sent to: Central Processing Unit P.O. Box 290794 Charlestown, MA 02129 Fax: 617-887-8799

Please allow time for the Health Connector or MassHealth to receive your documents and process them. If your benefits have ended and you need medical services, call the MEC at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled).

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to whom it is addressed. If you are not the recipient or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

HC-CS (05/14)

Health Coverage Mail/Fax Cover Sheet Applicant/Member Information

Please print clearly. Use this cover sheet, plus the first page containing the barcode, when mailing or faxing documents to the Health Connector or MassHealth.

Head of Household Information Sender

Name: _____ Name: _____

Soc. Sec. No: _____ Phone No: _____

Date of birth: _____ Name of Facility (if applicable): _____

MassHealth ID No. (if applicable): _____

Applicant/Member: _____

Number of pages (including both cover sheets): _____

Print Clear

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to which it is addressed. If you are not the recipient or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.



Do's and Don'ts When Faxing or Mailing Application or Documents

#8: DO ALWAYS mail or fax verifications to the address or fax on the letter requesting the verifications.

If you are not sure where to fax or mail documents, **contact the MassHealth Customer Services Center at 1-800-841-2900.**

Please keep in mind:

- Faxing is just one alternative for submitting an application – electronically at Mahealthconnector.org, mail, by phone, or in person are the others.
- **ALWAYS** follow the faxing protocols to ensure a complete application and any accompanying documents are received for processing.

Do's and Don'ts When Faxing the Application or Documents

#9: DO follow all of these important faxing tips:

- **ALWAYS** fax every page of the application, even if doesn't seem relevant. If a page is missing, we do not know if it was left out on purpose or by accident.
- **ALWAYS** copy and fax BOTH SIDES of every page of the application. Copy both sides, put the pages in order, and put the original (not a copy) 2-page coversheet on top before faxing. You cannot put a double-sided application into the fax machine and hit Send. If you do, only one side will be faxed resulting in missing pages and missing critical information. When that occurs, a letter must be sent out requesting the missing critical data.
- **ALWAYS** check to be sure you are using the **correct** fax number: 617-887-8770. An incorrect fax number was included in some very early training materials (August 2013) and publications (early 2014). Always double check to ensure you are using the correct number.
- **ALWAYS** allow time for documents to be received and imaged before calling MassHealth. If faxed, wait at least one business day. If mailed, wait at least five business days.

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Do's and Don'ts When Faxing the Application or Documents

- **ALWAYS** make sure your fax machine is properly maintained to be able to fax correctly. MassHealth recommends testing it once a month in order to check quality and clarity (the information needs to be legible when we receive it).
- **DO NOT** photocopy the cover sheet containing the barcode. For barcodes to work, the sheet with the barcode must be an original, not a copy.
- **DO NOT** fax ARD, PSI, CAC Designation form or NAV Designation form without the application if the applicant is new to MassHealth. MassHealth cannot process the ARD, PSI, or CAC/NAV forms without it.

Note: Existing members' ARD, PSI, CAC and NAV forms can be processed without applications.

- **DO NOT** submit the same application more than once:
Make sure to mail or fax the application, but *never do both*. Doing both will force a comparison of applications and all other documentation which will slow down the determination process.

Do's and Don'ts When Faxing the Application or Documents

#10: DO ALWAYS check for the correct fax number

An *incorrect fax number* was listed on the inside front cover of the *Member Booklet for Health Coverage and Help Paying Costs (ACA-1 Packet (Rev. 01/14))* that shipped January 1 through mid-March 2014. This incorrect fax number also appeared on a slide used in the Certified Application Counselor (CAC) training materials in September 2013.

Applications faxed to the incorrect number are not received for processing. **We need your help now to fix this.**

➤ The Correct Fax Number is: 617-887-8770

- **ALWAYS** check all your materials to ensure that *only the correct fax number is being used* and communicated to applicants and members when faxing verifications and applications.

continued...



Do's and Don'ts When Faxing the Application or Documents

- **ALWAYS** check (and re-check) the fax number and documentation in all areas of your organization to ensure it is **617-887-8770**, including:
 - Training materials or procedural documents/manuals for staff
 - Numbers posted near or programmed into fax machines
 - Internally developed documents such as brochures, forms, letters, instructions, or handouts for patients or clients
 - Documents posted on websites, stored on computers, or on network drives
- **BE SURE to re-fax to the correct number** any application or documentation that you think may have been faxed to the incorrect number.



CAC Communications

CACs receive updates from several sources:

- **MAhealthconnectorUpdates@state.ma.us**: Updates from MassHealth or the Health Connector regarding enrollment, eligibility, or other changes
- **MAhealthconnectorTraining@state.ma.us**: Training invitations sent to prospective CACs, questions received about CAC training
- **CACImplementation@state.ma.us**: Submit CAC agreements, questions about becoming a CAC organization

Be certain you can receive CAC messages:

- Make sure your email account can receive messages from these email boxes (and they are not going into your SPAM or Junk Mail folder)
- If you don't have regular access to email, ask your Lead CAC Trainer or supervisor to print and share the messages
- Messages sent from the MAhealthconnectorUpdates mailbox are also archived in the Learning Management System (under Resources)

Using the Learning Management System (LMS)

The LMS as a CAC Resource

The Learning Management System (LMS) is a multi-faceted tool providing CACs with the ability to:

- Search for courses, job aids, and CAC forms using key words
- Access any course to review or print
- Access archived communications (email from MAhealthconnectorUpdates)
- Download, and print important CAC forms and legal documents such as the CAC Designation Form (English and Spanish), Voter Declination Form, etc.
- Reprint CAC certificates or other completion documents
- Print transcripts of your completed courses



- ***My Courses*** contains the courses in which you are enrolled
- ***Continue Training*** bookmarks your place in your current course
- ***Catalog*** lists all available courses



The screenshot displays the LMS interface with three main sections:

- My Courses:** A green header with the text "See courses you are enrolled in" and a right-pointing arrow.
- Continue Training:** A green header with the text "Hospital-Determined Presumptive EE..." and a right-pointing arrow.
- Catalog:** A green header with the text "See a complete list of available courses" and a right-pointing arrow.

Below the headers are three main content areas:

- Find a Course:** A blue box with a search bar labeled "Search Courses" and a magnifying glass icon.
- Resources:** A blue box with a downward arrow icon and the text "Resources". Below it is a link "Access job aids, forms, and other conf..." with a right-pointing arrow.
- Message Board:** A blue box with a home icon, the text "Message Board", and a notification count "22". It contains three message snippets: "You have been enrolled in HPE Test", "You have completed Hospital-Determi...", and "You have completed Hospital Presum..."

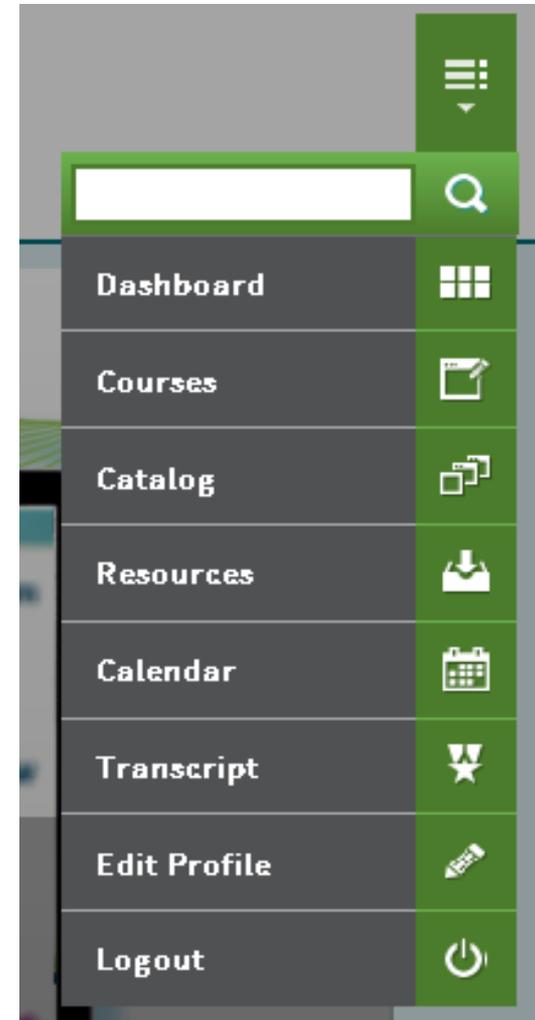
At the bottom of the interface is a green footer bar with links for "Privacy Policy", "Language: English", and a small icon on the right.

- **Find a Course** is a search function to help the user locate a specific course by entering a keyword
- **Resources** contains all archived emails from 2013 and 2014 as well as CAC, legal, and training forms
- **Message Board** contains training updates as well as other system communications

Using the LMS

- Shortcuts to all of these sections are accessible by clicking on the green arrow in the upper right hand corner of the page
- Email the CAC Training team if you have any questions about the LMS or about CAC training:

MAhealthconnectorTraining@state.ma.us



Questions?